



## MA Prescription Monitoring Program County-Level Data Measures (Calendar Year 2014)

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The Department of Public Health's (DPH) Prescription Drug Monitoring Program (PMP) serves as a repository of data for all prescription drugs dispensed statewide, including those prescriptions that represent the highest potential for abuse (federal Schedules II – V, including certain narcotics, stimulants and sedatives) and are among those most sought for illicit and non-medical use. The PMP also enables prescribers and dispensers to access a patient's prescription history and can be used as a clinical decision-making tool, allowing the provider to have a holistic view of the patient's medications.

When interpreting PMP county-level data, it is important to emphasize that increases or decreases in a single measure may not indicate an increase or decrease in prescription misuse or abuse. Put simply, use does not always equate to abuse. There are many factors that might explain an unusually high rate of prescribing in a given area. For instance, an area which contains a large number of residents in long-term care facilities may cause a high rate of opioid prescribing.

These datasets inform critical discussions about opioid prescribing, provide an important baseline to better inform future policy decisions and allow the state and stakeholders to more meaningfully measure whether policy initiatives are effective.

Effective October 6, 2014, all hydrocodone combination drug (HCD) products (e.g., vicodin) were reclassified from Schedule III to Schedule II. This reclassification during the last quarter of 2014 makes comparisons over time difficult to interpret. To ensure comparability with reports from previous years, the county-level measures presented in this summary have excluded all HCD prescriptions rescheduled from III to II on and after October 6, 2014. Had they been included for all of CY 2014, this report would have shown an "artificial" increase of approximately 25% in the number of individuals who meet the "activity of concern" threshold while an "apples to apples" comparison shows a decrease of about 6.5% for this measure from CY 2013 to 2014.

Beginning with CY 2015 data, reports of Schedule II products will include all HCD prescriptions.

Future reports summarizing opioid data after CY 2011 (when MA PMP began monitoring for Schedules III-V) will include all opioid drug products in Schedule III, allowing for "apples to apples" comparisons over time.

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<b>County</b> (County classifications are by patient zip code; patient state must also = MA)	<b>Census Population</b>	<b>Total Schedule II Opioid Prescriptions</b>	<b>Total Number of Schedule II Opioid Solid Dosage Units</b>	<b>Individuals Receiving Schedule II Opioid Prescription</b>	<b>% of Individuals Receiving Schedule II Opioid Prescription (of total population)</b>	<b>Individuals with Activity of Concern</b>	<b>Rate of Individuals with Activity of Concern (per 1,000)</b>
Barnstable	214,990	113,486	7,068,323	30,146	14.0	465	15.4
Berkshire	130,016	63,015	3,627,531	14,932	11.5	160	10.7
Bristol	552,780	299,070	19,065,988	72,151	13.1	1,107	15.3
Dukes	17,256	8,704	595,884	2,462	14.3	22	8.9
Essex	762,550	288,345	17,208,100	84,517	11.1	946	11.2
Franklin	71,221	41,938	2,658,966	10,000	14.0	121	12.1
Hampden	467,319	285,285	17,770,362	71,999	15.4	1,162	16.1
Hampshire	159,596	75,911	5,164,695	17,855	11.2	189	10.6
Middlesex	1,552,802	427,499	25,593,366	139,180	9.0	1,515	10.9
Nantucket	10,399	4,548	218,004	1,369	13.2	5	3.7
Norfolk	681,845	241,216	15,159,612	72,975	10.7	923	12.6
Plymouth	501,915	235,010	14,937,973	66,038	13.2	1,039	15.7
Suffolk	755,503	232,597	15,049,960	72,114	9.5	1,050	14.6
Worcester	809,106	332,626	23,336,013	88,395	10.9	1,264	14.3
<b>MA</b>	<b>6,745,408</b>	<b>2,653,358</b>	<b>167,737,123</b>	<b>733,783</b>	<b>10.9</b>	<b>9,968</b>	<b>13.6</b>